PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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T. W. C.	Application Number	10/601,656			
TRANSMITTAL	Filing Date	06/20/2003			
FORM	First Named Inventor	Bill E. Cham			
	Art Unit	1648			
(to be used for all correspondence after initial filing)	Examiner Name	Stacy Brown Chen			
Total Number of Pages in This Submission	Attorney Docket Number	13131-0310 (44378-282108)			

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ENCLOSURES (Check all that apply)											
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Date	Date 04/07/2005 Reg. No. 52,130										
CERTIFICATE OF TRANSMISSION/MAILING											
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Signat	ure 		Elena	(	£ Pa	loviks	na				
Typed	Elena & Polovnikova  Typed or printed name Elena S. Polovnikova, Ph.D. Date April 7, 2005										

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PTO/SB/17 (12-04)

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## FEE TRANSMITTAL For FY 2005

X	Applicant claims small entity statu	us.	See 3	7 CFR	1.27

OTAL AMOUNT OF PAYMENT	(\$) 240.00
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Complete if Known							
Application Number	10/601,656						
Filing Date	June 20, 2003						
First Named Inventor	Bill E. Cham						
Examiner Name	Stacy Brown Chen						
Art Unit	1648						
Attorney Docket No.	13131-0310 (44378-282108)						

METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 11-0855  Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEA	FILING I Fee (\$)	EES mall Entity Fee (\$)	SEARCH	Fee (\$)	Fee (\$)	TION FEES mall Entity Fee (\$)	Fees Pa	id (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300	<del> </del>	<del></del>
Provisional  2. EXCESS CLAIM FE Fee Description Each claim over 20 or, Each independent claim	for Reissues, over 3 or, fo						<u>Fee (\$)</u> <sup>-</sup> 50	6mall Entity Fee (\$) 25 100 180
Multiple dependent clai	Extra Claim	s Fee (\$)	Fee Pai	id (\$)	Multiple De	ependent Cla		100
22 - 20 or HP =			_=		Fee (\$)		Paid (\$)	
HP = highest number of total Indep. Claims  1 - 3 or HP = HP = highest number of inde	Extra Claims 0	Fee (\$)	Fee Pal	<u>d (\$)</u>				
3. APPLICATION SIZE  If the specification are for each additional  Total Sheets  - 100 =	d drawings	r fraction there ots <u>Numb</u>	of. See 35 oer of each a	U.S.C. 41(a		37 CFR 1.16 ereof <u>Fee</u>	(s).	all entity) Paid (\$)
4. OTHER FEE(S)							<u>Fee</u>	s Paid (\$)
Non-English Speci Other: One-Month	fication, \$1 Extension	30 fee (no sma of Time (\$60)	III entity dis and Supp	scount) olemental I	DS (\$180)		240	.00

SUBMITTED BY			
Signature	Elena L. Polovikora	Registration No. (Attorney/Agent) 52,130	Telephone 404-815-6500
Name (Print/Type)	Elena S. Polovnikova, Ph.D.		Date April 7, 2005

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